

**COMMONWEALTH OF KENTUCKY**

**Instructions for Obtaining a Kentucky State ABC License**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.
- STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$10.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-5. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation; partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.
- STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 8. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 9. Take your application(s) to your local ABC administrator and obtain their signature of approval on your state applications(s).

New licenses take approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a written request for a refund. The Department will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our department or visit our web site.**

<http://abc.ppr.ky.gov>

**FRANKFORT:** Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**NOTE:** You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**) for \$250 per year. You must contact their office to obtain an application form and information about your federal permit:

Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334  
National Revenue Center  
550 Main St., Cincinnati, Ohio 45202-3263

**TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY AREAS**

**Areas qualified to hold any type of liquor and or wine by the drink license OR by the package license.**

1 <sup>st</sup> . Class Cities	Jefferson County	
2 <sup>nd</sup> . Class Cities	City of Ashland City of Bowling Green City of Richmond Campbell County Christian County	Daviess County Fayette County Franklin County Henderson County Kenton County McCracken County
3 <sup>rd</sup> . Class Cities	City of Nicholasville City of Pikeville Boone County Bourbon County	Clark County Mason County Perry County
4 <sup>th</sup> . Class Cities	City of Augusta City of Bardstown City of Carrollton	City of Morehead City of Shepherdsville

**Areas qualified to hold by the package licenses only.**

4 <sup>th</sup> . Class Cities	City of Central City City of Cumberland City of Eminence City of Falmouth City of Russellville City of Springfield City of Vanceburg	Anderson County Bracken County Bullitt County Floyd County Fulton County Magoffin County Marion County	Nelson County Nicholas County Union County Washington County Woodford County
5 <sup>th</sup> . Class Cities	Gallatin County Meade County Wolfe County		

**Areas qualified to hold Sunday Liquor drink Licenses.**

SD	All by the drink licensees in Campbell and Kenton Counties.
LS	Qualifying 50% food restaurants in Daviess, Fayette, and Jefferson Counties, Franklin County (outside city limits only), and Cities of Bardstown, Bowling Green, Maysville, Owensboro, and Shelbyville.
LLS	Qualifying 70% food restaurants in the Cities of Elizabethtown and Radcliff.
RS	LD and PC licensees in Jefferson County.
ESL	All wet areas holding Convention Centers, Automobile Race Tracks, Horse Race Tracks, and Commercial Airport Licenses.

**Areas that qualify to hold restaurant drink liquor with 50% food sales (RD), motel drink liquor (ML), restaurant wine (RWL), or private club (PC) licenses.**

1 <sup>st</sup> . Class Cities	As listed above	
2 <sup>nd</sup> . Class Cities	As listed above	
3 <sup>rd</sup> . Class Cities	As listed above	
4 <sup>th</sup> . Class Cities	City of Carlisle City of Central City City of Cynthiana City of Fulton City of Madisonville City of Mt. Sterling City of Prestonsburg City of Salyersville City of Shelbyville City of Versailles Carroll County Harrison County Marion County Nelson County Union County	RD, ML and RWL licenses RD, ML, RWL and PC licenses RWL and PC licenses RD, ML and RWL licenses. RD, ML, RWL and PC licenses RD, ML, RWL and PC licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL Licenses RD, ML and RWL licenses RWL and PC licenses RD, ML and PC licenses RD, ML and RWL licenses RD, ML and RWL licenses

**TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY  
AREAS**

***Areas that qualify to hold Limited Restaurant Liquor/Wine/Beer by the Drink with 70% food sales by election***

City of Danville City of Elizabethtown City of Georgetown City of Guthrie City of Kuttawa	City of Murray City of Radcliff County of Shelby
---	--

***Premises that qualify to hold Golf Course Liquor/Wine/Beer by the Drink Licenses in limited elections***

Madison County Madison County Jessamine County Union County Shelby County Hardin County Calloway County	Arlington Golf Course Bull Run Golf Course Champions Golf Course in Nicholasville Breckinridge Golf Course Persimmon Ridge Golf Course Pine Valley Golf course Murray Golf Course
---	---

### HOW TO FIGURE STATE ABC LICENSE FEE (S)

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? ☐ Full Year Fee ☐ Half Year Fee
4. Go to the back page of your application **"Schedule"** and find the exact dollar (\$) amount to pay.

**All other applicants use this table**

<b>COUNTY WHERE PREMISES ARE LOCATED</b>	<b>PAY FULL YEAR FEE For licenses issued between</b>	<b>PAY HALF YEAR FEE For licenses issued between</b>
Anderson	July – December	January – June
Boone	October – March	April – September
Bourbon	July – December	January – June
Boyd	July – December	January – June
Boyle	June – November	December - May
Bracken	July – December	January – June
Bullitt	February – July	August – January
Calloway	April – September	October – March
Campbell	November – April	May – October
Carroll	July – December	January – June
Christian	April – September	October - March
Clark	May – October	November – April
Daviess	February – July	August – January
Floyd	June – November	December – May
Franklin	July – December	January – June
Fulton	April – September	October – March
Gallatin	July – December	January – June
Hardin	February – July	August – January
Harlan	June – November	December – May
Harrison	June – November	December – May
Henderson	March – August	September – February
Henry	July – December	January – June
Hopkins	May – October	November – April
Jessamine	May – October	November – April
Kenton	December – May	June – November
Lewis	July – December	January – June
Logan	May – October	November – April
Lyon	April – September	October – March
Madison	June – November	December – May
Magoffin	June – November	December – May
Marion	May – October	November – April
Mason	July – December	January – June
McCracken	April – September	October – March
Meade	February – July	August – January
Montgomery	June – November	December – May
Muhlenberg	May – October	November - April
Nelson	May – October	November – April
Nicholas	July – December	January – June
Pendleton	July – December	January – June
Perry	June – November	December - May
Pike	July – December	January – June
Rowan	July – December	January – June
Scott	July – December	January – June
Shelby	July – December	January – June
Todd	May – October	November – April
Union	March – August	September – February
Warren	May – October	November - April
Washington	May – October	November – April
Wolfe	July – December	January – June
Woodford	July – December	January - June

### HOW TO FIGURE STATE ABC LICENSE FEE (\$)

If licenses will be issued in Fayette County (Lexington) or Jefferson County (Louisville)

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? ☐ Full Year Fee ☐ Half Year Fee
4. Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

#### **Fayette County (Lexington Ky.) Applicants use this table**

<b>Fayette County Zip Code of Premises</b>	<b>PAY <u>FULL</u> YEAR FEE For licenses issued between</b>	<b>PAY <u>HALF</u> YEAR FEE For licenses issued between</b>
40501 to 40505	October – March	April – September
40506 to 40509	November – April	May – October
40510 to 41906	December – May	June - November

#### **Jefferson County (Louisville, Ky.) Applicants use this table**

<b>Jefferson County Zip code of Premises</b>	<b>PAY <u>FULL</u> YEAR FEE For licenses issued between</b>	<b>PAY <u>HALF</u> YEAR FEE For licenses issued between</b>
40023	February – July	August – January
40025 to 40027	March – August	September – February
40041	June – November	December – May
40059	March – August	September – February
40118	April – September	October – March
40177	April – September	October – March
40201 to 40202	December – May	June – November
40203 to 40204	November – April	May – October
40205	February – July	August – January
40206	October – March	April – September
40207	June – November	December - May
40208 to 40209	June – November	December – May
40210 to 40212	April – September	October – March
40213 to 40216	March – August	September – February
40217 to 40218	February – July	August – January
40219	March – August	September – February
40220 to 40242	February – July	August – January
40243 to 40251	March – August	September – February
40252	February – July	August – January
40253 to 40256	March – August	September – February
40257	February – July	August – January
40258	October – March	April – September
40259	March – August	September – February
40261 to 40266	December – May	June –November
40268	October – March	April – September
40269	February – July	August – January
40270 to 40289	October – March	April – September
40290 to 40291	November – April	May – October
40292	June – November	December – May
40293 to 40298	November – April	May – October
40299	February – July	August - January

**EXAMPLE OF PUBLIC NOTICE  
WHEN APPLYING FOR AN ABC LICENSE**

**KRS 243.360** requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:**  
*(Fill in the blanks)*

\_\_\_\_\_, Mailing address

*(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)*

\_\_\_\_\_ Hereby declares intention(s)

*(Include Street, City, State and Zip)*

to apply for a \_\_\_\_\_ license(s)

*(List **all license types** you are applying for. (Example) Retail Liquor by the Drink, Retail Beer, Restaurant Liquor by the Drink, Retail Liquor Package, Restaurant Wine by the Drink and so on...)*

no later than \_\_\_\_\_, The business to be licensed will be

*(Enter the date you intend to make application to the State ABC)*

located at \_\_\_\_\_ Kentucky \_\_\_\_\_.

*(List the **EXACT** street address and city where the ABC license is to be issued)*

*(Zip)*

doing business as \_\_\_\_\_

*(List the name of your business (D.B.A.))*

**The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:**

_____	_____	of	_____
<i>Title or position</i>	<i>Name</i>		<i>Home address, city, state and zip code</i>
_____	_____	of	_____
<i>Title or position</i>	<i>Name</i>		<i>Home address, city, state and zip code</i>
_____	_____	of	_____
<i>Title or position</i>	<i>Name</i>		<i>Home address, city, state and zip code</i>
_____	_____	of	_____
<i>Title or position</i>	<i>Name</i>		<i>Home address, city, state and zip code</i>
_____	_____	of	_____
<i>Title or position</i>	<i>Name</i>		<i>Home address, city, state and zip code</i>
_____	_____	of	_____
<i>Title or position</i>	<i>Name</i>		<i>Home address, city, state and zip code</i>

**Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)**

**Forward a clipping of this advertisement along with the Affidavit of Publication to:**

*Kentucky Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax*

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone  
(502) 564-1442 fax

GLUE OR  
TAPE  
CLIPPING  
HERE

**AFFIDAVIT OF PUBLICATION**

**Attesting Publication of Intention to Engage in an  
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is \_\_\_\_\_  
(Title of Position at Paper)

of the \_\_\_\_\_ a newspaper printed and published in the  
(Name of Newspaper)

State of \_\_\_\_\_ County of \_\_\_\_\_, and having a general circulation in the County of

\_\_\_\_\_, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

\_\_\_\_\_ to me personally known, this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

**THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION  
FOR LICENSING.**

# **LEASE AGREEMENT**

I, (We) \_\_\_\_\_,  
hereby agree to lease to \_\_\_\_\_,  
the premises located at \_\_\_\_\_,  
\_\_\_\_\_  
in \_\_\_\_\_ County, Kentucky.

The said lease shall be for a term of \_\_\_\_\_,  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
The rent shall be payable at a rate of \_\_\_\_\_.

I understand and agree upon, that the premises herein named shall be used  
for lawful purposes only.

Lessor X \_\_\_\_\_

Lessor X \_\_\_\_\_

Lessee X \_\_\_\_\_

Lessee X \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, on this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_, by the above Lessor and Lessee.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_.



COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax

Site I.D. #

**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"**

*Applications may be returned if all questions are not answered completely.*

*Leave Blank – For ABC Use Only*

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License# \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A)**

Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all schedules you have attached \_\_\_\_\_ Enter amount of fee enclosed \$ \_\_\_\_\_

**(B) 1.**

Provide the tax numbers (must be issued in the applicant's name). Failure to provide the number or discrepancies in the name will prevent this application from being processed.

Ky. Sales & Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C)**

2. List all types of licenses you are applying for \_\_\_\_\_

3. What Month do you want your license(s) to become effective? \_\_\_\_\_

4. Are you the owner of the real estate where these premises are to be licensed? ..... ☐ Yes ☐ No

If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 5.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

***If additional space is needed, please make an attachment.***

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%

***Please state in section D5 if this is a publicly held company.***

**(E)**

6. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State? ☐ Yes ☐ No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation, which shows the filing date with the Kentucky Secretary of State's Office.
7. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
8. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No  
If yes, list the name of the city or town \_\_\_\_\_
9. Have you ever been licensed to sell alcoholic beverages? ☐ Yes ☐ No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If Kentucky, are you transferring this license to a new location? ☐ Yes ☐ No
10. Does anyone named in section D 5 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? ☐ Yes ☐ No  
If yes, describe the interest(s) \_\_\_\_\_
11. a. Has the applicant or any person named in section D 5 been convicted of any felony? ☐ Yes ☐ No  
b. Has the applicant or any person named in section D 5 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance? ☐ Yes ☐ No  
If yes to either question, attach a statement giving a full explanation, including date(s) of conviction(s).
12. Has a license been suspended or revoked or denied for the premises or any person named herein? ☐ Yes ☐ No  
If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.
13. Are the premises to be licensed and the entrance located on the street level? ☐ Yes ☐ No  
If no, is the business a hotel, club or restaurant? ☐ Yes ☐ No
14. a. Have the premises been licensed to sell alcoholic beverages in the past twelve months? ☐ Yes ☐ No  
b. Are the premises currently licensed? ☐ Yes ☐ No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you? ☐ Yes ☐ No
15. Are you acquiring an interest in an existing business? ☐ Yes ☐ No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment  
☐ Ownership by purchase of shares ☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F)** **THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 15 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))

as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the  
holder of a ☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license  
number(s) is (are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted  
by law) to \_\_\_\_\_. I (we) understand that I (we) **may not** relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Department of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G)** **AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_\_\_\_ (☐ Buyer or ☐ New Applicant), do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

***SCHEDULE "I"***  
***SPECIAL INDUSTRIAL ALCOHOL, NONINDUSTRIAL ALCOHOL  
AND SPECIAL NONBEVERAGE ALCOHOL VENDOR***

*LEAVE BLANK – FOR ABC USE ONLY*

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's name(s) or company to be licensed** \_\_\_\_\_

**D.B.A. (Name of Business)** \_\_\_\_\_

**Address of premises to be licensed** \_\_\_\_\_

1. Are you applying for a **Special Industrial Alcohol License**? ..... ☐ Yes ☐ No  
If yes, KRS 243.320 requires you to purchase your alcohol only from a distiller or nonbeverage alcohol vendor licensee and to be used for non-beverage purposes only.
- a. Check ☒ the following boxes that apply to you. Alcohol used for the following purposes:  
☐ denatured alcohol products ☐ pharmaceutical ☐ antiseptic ☐ toilet preparations ☐ flavoring extracts  
☐ syrups and food products ☐ scientific ☐ chemical ☐ mechanical ☐ industrial products.
2. Are you applying for a **Special Nonindustrial Alcohol License**? ..... ☐ Yes ☐ No  
If yes, KRS 243.330 allows you to import alcohol or purchase alcohol in Kentucky only from a holder of a Special Nonbeverage Alcohol Vendor Licensee and to use it only for nonbeverage purposes.
- a. Check ☒ the following boxes that apply to you. ☐ bona fied hospital ☐ laboratory ☐ museum  
☐ educational or charitable institution ☐ drug store employing a licensed pharmacist ☐ licensed physician
3. Are you applying for a **Special Nonbeverage Alcohol Vendor's License**? ..... ☐ Yes ☐ No  
If yes, KRS 243.310 allows you to sell to Special Industrial Alcohol and Special Nonindustrial Alcohol Licensees.

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Department has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use of and trafficking in alcoholic beverages.

**Signature of Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**You may now forward this application, all attachments, and your state license fee to:**

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 654-1442

## ***TYPES OF LICENSES & FEES***

Site ID #

To determine the ABC license fee, find the license type(s) in the left column, and then move right across the table to the month that the license will become effective.

***Attach a certified check, cashier check, or a money order for your license fees.***

***Make payable to: KENTUCKY STATE TREASURER***

<b><i>LICENSE TYPE</i></b>	<b><i>PREFIX</i></b>	<b><i>✓</i></b>	<b><i>FULL YEAR FEE Pay this amount</i></b>	<b><i>HALF YEAR FEE Pay this amount</i></b>
SPECIAL INDUSTRIAL ALCOHOL	IA	<input type="checkbox"/>	50.00	25.00
SPECIAL NONINDUSTRIAL ALCOHOL	NI	<input type="checkbox"/>	50.00	25.00
SPECIAL NONBEVERAGE ALCOHOL VENDOR	NBA	<input type="checkbox"/>	50.00	25.00

### **CHECK LIST**

1. Have you answered each question fully? ☐ Yes ☐ No
2. Have you signed and had your application notarized? ☐ Yes ☐ No
3. Have you attached a certified check, cashier check or money order, payable to:  
Kentucky State Treasurer for your license fees and a separate check for your  
Kentucky background checks? ☐ Yes ☐ No
4. Have you attached a signed and dated copy of your lease? ☐ Yes ☐ No
5. Have you attached a certified copy of your newspaper advertisement? ☐ Yes ☐ No

***You may now forward this application, all attachments, and your state license fee to:***

*Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400*

*Telephone (502) 564-4850  
Fax (502) 564-1442*